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TWO CASES OF INVERSION OF THE UTERUS TREATED AFTER WING'S METHOD.

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DURING my term of service, this winter, as assistant visiting surgeon to the Free Hospital for women, two cases of inversion of the uterus were admitted. One of the cases was of twenty-three months', the other of two and one-half months' duration. The treatment was that advocated by Dr. Clifton E. Wing, of Boston—a method of treatment with which he has been very successful. In the first case, his method was not carried out to the end, as the fundus uteri got black and sloughy-looking. In the second case, nothing of the kind occurred, and I do not think it would happen again, as experience has taught me to use the instrument to better advantage. I feel sure that in a given time I could now accomplish more than I could at first. In both cases the perineum was ruptured, thus giving me more room in which to work.

The method of treatment was as follows: A soft rubber doughnut pessary large enough to closely fit but not distend the vagina was tied on the end of a broom-stick which had been made smooth by sandpaper. A piece of common soft rubber tubing was tacked on the other end of the broom-stick which was allowed to project two and one-half inches outside the vulva, and used as a perineal strap. This strap was fastened to a band around the waist by safety pins. Direct and accurate pressure could easily be brought to bear on the inverted fundus, by regulating by means of the safety pins the length of the anterior or posterior arm of the rubber tubing. The patient was placed in bed on her side, and the instrument was

inserted and brought to bear on the inverted portion. The perineal strap was tightened until the pain in the back became quite severe. She remained in this position for twenty-four hours, when the instrument was removed, cleansed, and after a vaginal douche of six quarts of hot water, she was placed on the side opposite to the one on which she had been during the previous twenty-four hours, and the instrument again introduced. Every second day the bowels were moved by enema, and the urine was passed as often as necessary into old cloths placed between the thighs. As the inverted portion receded within the cervix, a smaller sized doughnut was used, and the size was diminished until the fundus was well within the cervix. Then, as in the second case, a round stick, such as dry-goods men use to wind braid on, was substituted for the broom-stick, and for a pad, a rubber cap such as is used on chair legs to prevent their scratching floors was slipped over its end, and over this was tied two or three layers of a Martin's rubber bandage. This pad was then placed against the fundus and made to follow it up to its proper place. Below is a report of the cases.

CASE I.—Mrs. R., aged thirty-three. Born in Nova Scotia. Has had but one child. No abortions or miscarriages. Menstruation began at thirteen. Was always regular every four weeks up to becoming pregnant. Flowed three to four days, and soaked four to five napkins. Never any dysmenorrhea. Enjoyed good health during her pregnancy. Since her confinement has flowed at menstrual periods from eight to ten days, and has been regular every four weeks. Menstruation returned soon after her labor. Flowed ten days during her last menstrual period. Her child was born twenty-three months before she entered the hospital. The labor was protracted, and was terminated by forceps. The placenta was adherent and was removed piece-meal. Severe post-partum hemorrhage followed, which was checked by packing the vagina with ice and snow. From the loss of blood, she was very much exhausted and had a very slow getting up. Since then has flowed a great deal at menstrual periods. Her condition was one of profound anemia. Evening elevation of temperature. Hectic in the latter part of the afternoon. Night sweats. Loss of flesh and strength. Abundant thick yellow discharge from the vagina, obliging her to protect her person. There was a stellate laceration of the cervix. Three attempts had been made to reduce the inversion. The procedure adopted in the first two attempts at reduction I know nothing about, except that ether was given both times, but the third attempt was made under ether, the inverted fundus being pushed inside the cervix and

there held by silver wire sutures passed through the cervix; but menstruation soon came on and through the enlargement of the parts due to engorgement with blood, the wires were torn out, and the fundus again came down into the vagina. Dec. 9th treatment began. Each twenty-four hours the instrument was removed, but on the afternoon of the 12th inst. a sharp hemorrhage followed its removal. Considering her weak condition, I decided to check the hemorrhage before replacing the instrument. This I did by packing the vagina with dressings containing alum. Another time I would arrest the hemorrhage at once by replacing the instrument, and would not lose twenty-four hours' time as I did in this case. After twenty-four hours, treatment was again begun. Dec. 17th, fundus almost within the cervix. Dec. 18th, fundus was dark-colored and sloughy-looking, and it was thought best not to continue longer with the pressure; accordingly without ether, the inverted portion was pushed well through the cervix by a cotton stick, and held there by three silver wire sutures which passed through the cervix. Three hot vaginal douches were ordered for each day. Dec. 19th, evening temperature 102°. No chill. No more unfavorable symptoms appeared and on the 22d inst. the patient was examined with the intention of removing the wires and continuing the former treatment, but it was found that the fundus had returned to its proper place. For two hours previous to the examination, she had pains similar to after-pains.

CASE II.—Mrs. J., aged twenty-four. Born in Sweden. Married two years. Has had one child. Two abortions—one at eight weeks and one at three months. Last abortion occurred one and one-half years ago. Menstruation began at fifteen. Was always regular every four weeks except during her nineteenth year, when she menstruated only a few times, flowed but little, and the flow was very light-colored. Usual duration of menstruation five days; but little blood lost. Has suffered from dysmenorrhea since her marriage; the pain coming on a few hours before the flow, lasting the first two days, but most severe during the first day. Menstruated every two weeks from the time of the first abortion until she again became pregnant. This comprised an interval of about two months. After the second abortion, menstruated regularly every four weeks until she again became pregnant. Enjoyed good health during her pregnancy. Had no vomiting or nausea during the first months, but hands and arms swelled during the last month, and legs and feet swelled during the last week of pregnancy. Her child was born two and one-half months previous to her entering the hospital. She was in labor nine hours. The attending physician, a man of large obstetrical experience, after consultation, delivered her with forceps. He tells me the placenta followed the child, and the uterus contracted well. There was no inversion immediately after delivery. Post-partum hemorrhage began soon after delivery, and was very severe, resisting hot water, ice, ergotine,

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and ether, given subcutaneously. Finally syncope occurred, and the hemorrhage ceased. Puerperal septicemia followed, lasting seven weeks. Flowed none during these seven weeks, but at about the end of this time, during defecation, while sitting on a chamber, had an alarming hemorrhage. The physician found the inverted fundus protruding through the vulva. When admitted to the hospital, she was blanched and very weak. The posterior lip of the cervix was gone, and the uterus was completely inverted. For the first twenty-four hours she was kept very quiet, given plenty of nourishment, and the vagina was douched three times with a saturated solution of alum. During this time she soaked six napkins.

March 2d, treatment was begun. On seeing the patient twenty-four hours afterwards (she would have been seen before, but the house surgeon was not allowed in the ward, as he was attending a case where suppuration was going on), it was found that the doughnut pessary used was too small, and had slipped past the inverted fundus. Thus twenty-four hours were lost. In twenty-four hours from this time the fundus was within the cervix. In twenty-four hours more the fundus was in its normal position, and the uterine cavity, from the internal os to the fundus, measured three and one-quarter inches. The temperature never rose above 99.5° , and she nursed her baby throughout. Each day she took two quarts of milk, three good meals, and forty-five grains ferri et potas. tart. For about six hours before the fundus reached its proper place, she had pains similar to after-pains. On the day following the reduction, the cavity from internal os to fundus measured two and three-quarter inches. On the third day, the same cavity measured two and one-half inches. On the fourth day, the same cavity measured two inches. She began to sit up seven days after the reduction.